

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 578261

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1		1		
3	1		1			
4		1		1		
5	4		1			
6	1		1			
7	1		1			
8		1		1		
9	1		1			
10	1		1			
11	1		1			
12		1		1		
13	1		1			
14	4		1			
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50						
TOTAL IND.	3		3			
TOTAL DEP.	17	←	11	←	←	
TOTAL CLAIMS	20		14			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.					←	←
TOTAL CLAIMS						←